

Oral Statement for CARES Commission Hearing (08-26-2003 @10:00 a.m.)

Thank the Commission for allowing me to speak today on behalf of PVA and provide our concerns regarding the CARES initiative for VISN 16.

As you know the critical service provided to our spinal cord injury/disease veterans from the VA is very important to PVA. Mainly because there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For our SCI/D veterans the VA spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity.

Therefore, we applaud the proposal in the VISN 16 market plan to construct a new 30 plus bed SCI Center within our VISN 16, specifically to be located at the West Little Rock VAMC. PVA would simply hope that in the midst of the proposal for a new SCI Center that the critical service currently provided to our spinal cord injury/disease veterans are not compromised in any way. Further we request that the additional proposal to include the appropriate capacity to expand the new SCI Center from 30 to 50 beds at a later date is also implemented in the final plan and included in the construction documents.

***STATEMENT OF
DENNIS K. MOODY
DISABLED AMERICAN VETERANS
HOSPITAL SERVICE COORDINATOR
BILOXI DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
BILOXI, MISSISSIPPI
AUGUST 26, 2003***

Mr. Chairman and Members of the Commission:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 16.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services — blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services — that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the proposed CARES Market Plans and what the proposed changes would mean for the community and the surrounding area. The Gulf Coast Veterans Health Care System is a five-division health care system with hospitals at Gulfport and

Biloxi Mississippi. According to the VA the two hospital divisions are eight miles apart and have been consolidated for over 30 years. The health care system also has three Community Based Outpatient Clinics (CBOCs) located in Mobile, Alabama, Pensacola and Panama City, Florida. The Biloxi Division serves as the general medical facility providing outpatient primary and specialty care services and inpatient medical and surgical services. It also houses a domiciliary and a nursing home care unit, support services and administrative functions. The Gulfport Division provides inpatient and outpatient mental health services and houses an Alzheimer's dementia unit. Other clinical services located at the Gulfport Division include Psychology Service, Rehabilitation Medicine including a therapeutic pool, Day Treatment, Volunteer Service, Primary Care and Audiology.

The CARES team discussed three options for this area. Option 1: close Gulfport Division and enter into an enhanced use agreement for the use of the property; enter into a sharing agreement to share clinical services with the adjacent Keesler Air Force Base medical center that will be mutually beneficial for the overall needs of the Gulf Coast Veterans Health Care System and Keesler Air Force Medical Center. A construction project would be required to house the administrative and clinical programs currently provided at the Gulfport Division that cannot be accommodated at the Biloxi VA or Keesler hospital. Option 2: close Gulfport Division; enter into an enhanced use agreement for the use of the property; and construct new facilities at Biloxi to accommodate federal healthcare in the area to include: services currently at Gulfport; services currently provided to Keesler medical center, i.e. inpatient psychiatry; inpatient psychiatry for the western portion of the Eastern Southern market; future initiatives identified for the Central Southern market; and future services provided to Keesler medical center, i.e. inpatient medicine and surgery. This VISN believes, construction of new facilities will improve the quality, safety, and environment of the occupants and provide space for the projected health care needs for the area. It also believes it will have a positive impact on affiliations through an improved environment and enhanced access. Option 3: maintain and renovate Gulfport Division to accommodate projected federal healthcare in the area through FY 2022.

The Draft National CARES Plan proposes to transfer all Gulfport health care services to Biloxi or Keesler Air Force Base; renovate the nursing home in Biloxi; and establish a 36 bed blind rehabilitation center at Biloxi. A benefit from the proposed Draft National CARES Plan is the renovation of the Biloxi nursing home and establishment of a blind rehabilitation center; however, we have concerns about the proposal to transfer all Gulfport health care services to Biloxi or Keesler Air Force. Out of the two hundred to three hundred veterans from Florida, Alabama and Mississippi that I have spoken with, not one is in favor of closing Gulfport. They are all worried about being displaced and having to reenter the system if and when new facilities are built at Biloxi. To replace the Gulfport facilities by building new towers here at Biloxi would probably require the VA to assist the city government with building a new sewer treatment facility. It is not clear if a feasibility study has been conducted on the impact this would have on city services.

Finally, we don't believe it is realistic to rely on Keesler Air Force Base medical facility to take on the additional veteran workload. I am a Tri-Care Prime Patient and I usually get sent to an off base facility. Also, this may result in non-retiree veterans overwhelming the visitors' center to get base passes for access to the medical facility. There is also the possibility of base closure; the Biloxi area is trying to become another Myrtle Beach. We do not believe the Keesler

Air Force Base medical facility can be counted on for the future health care needs of veterans. Last but not least, is anyone really taking in to consideration the fact that the veteran population has moved south and will continue to do so.

In closing, the local DAV members of VISN 16 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.

**STATEMENT OF
JOE LEVY
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN
AUGUST 26, 2003**

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 16. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- ? Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- ? Adequate funding for the implementation of the CARES recommendations.
- ? Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 16 – CENTRAL SOUTHERN AND EASTERN SOUTHERN MARKETS

Central Southern Market

The Central Southern Market serves the veteran population of Mississippi and Southeast Louisiana through three medical centers located at Biloxi/Gulfport, MS, Jackson MS, and New Orleans, LA.

Access standards for Primary Care are well below the benchmark established by CARES. The VISN proposal is to open contract Community Based Outpatient Clinics (CBOCs) at eight locations throughout the market area to address this shortfall. However, the Draft National CARES Plan (DNP) does not recommend the establishment of any CBOCs in this market. The American Legion is concerned that only 57% of the veterans meet the driving time guidelines established at the beginning of the CARES process. Additionally, the DNP does not address how this market is going to meet the increased demand in primary care and specialty care projected in the future.

The DNP proposes to close the Gulfport hospital. Currently, the services provided by the Gulfport Division are inpatient and outpatient mental health services and it houses an Alzheimer's dementia unit. Other clinical services located at the Gulfport Division include Psychology Service, Rehabilitation Medicine including a therapeutic pool, Day Treatment, Volunteer Service, Primary Care and Audiology. Additionally, there are several administrative offices located on the campus. Gulfport accepts referral from Jackson, New Orleans and other medical centers in VISN 16. Active duty soldiers are also treated here through a VA/DoD sharing agreement.

The American Legion opposes the closing of Gulfport under the current plan. The CARES planning and projection model for Outpatient Mental Health, long-term care and domiciliary needs in the future were inaccurate VA wide and were not used in this phase of CARES. The American Legion believes this proposal is not a prudent one and the sole objective for this closing is to save money. There is no definitive plan on where these veterans will go, only conjecture and vague statements.

The DNP also proposes, if Gulfport closes, to evaluate the campus for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. The enhanced use lease process is a long one. It takes sometimes years to get a project approved and moving. The American Legion would like to see this process streamlined. Additionally, any enhanced use lease agreement must give priority treatment to veterans.

There have been too few enhanced services proposed in the Draft National Plan. Therefore, The American Legion is pleased to support the proposals to renovate the nursing home at Biloxi and to establish a 36-bed Blind Rehabilitation Center at Biloxi.

Eastern Southern Market

The Eastern Southern Market is a new market and consists of eleven counties in Southern Alabama and the Panhandle of Florida with approximately 180,000 veterans living in the area. The area has had a significant increase in the veteran population over the last few years.

There are three CBOCs in this market located in Mobile, Alabama; Pensacola, Florida; and Panama City, Florida. The nearest inpatient VA facility is located in Biloxi, MS, greater than one hour from the Mobile CBOC, two hours from the Pensacola CBOC and

five hours from the Panama City CBOC. Providing hospital care was identified by the VISN as the number one challenge. Hospital access is currently at 4% in this market. That is 61% below the published CARES guidelines. The proposal is to address the gap by expanding DoD collaboration within the market. While The American Legion supports VA/DoD sharing, we believe this gap is so significant that it warrants a closer look at possibly building a new VA facility in this area to address the hospital care needs of the veterans.

Inpatient Medicine, Primary Care and Outpatient Specialty Care are all projected to increase by Fiscal Year (FY) 2022. Again, to address these increases the proposal is to collaborate with the several military facilities in the market. Again, while we support VA/DoD collaboration it is important to remember that there is another scheduled round of Base Realignment and Closure (BRAC) scheduled for FY 2005. The American Legion will remain vigilant to ensure veterans' health care services are not disrupted as a result of this BRAC.

Thank you for the opportunity to present the views of The American Legion.